

CALLER IDENTIFICATION CHECKLIST

Caller identity: _____

Sex/Age Group: ☐ Male ☐ Female ☐ Adult ☐ Juvenile

Approximate Age: _____ Years

Origin of call: ☐ Local ☐ Long Distance ☐ Internal

Caller's Voice:

<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Fast
<input type="checkbox"/> Slow	<input type="checkbox"/> Deep	<input type="checkbox"/> Squeaky
<input type="checkbox"/> Distant	<input type="checkbox"/> Distorted	<input type="checkbox"/> Sincere
<input type="checkbox"/> Raspy	<input type="checkbox"/> Stressed	<input type="checkbox"/> Stutter
<input type="checkbox"/> Nasal	<input type="checkbox"/> Drunken	<input type="checkbox"/> Slurred
<input type="checkbox"/> Lisp	<input type="checkbox"/> Disguised	<input type="checkbox"/> Crying
<input type="checkbox"/> Broken	<input type="checkbox"/> Calm	<input type="checkbox"/> Irrational
<input type="checkbox"/> Rational	<input type="checkbox"/> Angry	<input type="checkbox"/> Incoherent
<input type="checkbox"/> Excited	<input type="checkbox"/> Laughing	<input type="checkbox"/> Righteous
<input type="checkbox"/> Accent	<input type="checkbox"/> Other _____	

Background noises:

<input type="checkbox"/> Voices	<input type="checkbox"/> Airplanes	<input type="checkbox"/> Street traffic
<input type="checkbox"/> Trains	<input type="checkbox"/> Animals	<input type="checkbox"/> Party
<input type="checkbox"/> Factory Machines	<input type="checkbox"/> Music	<input type="checkbox"/> Quiet
<input type="checkbox"/> Office Machines	<input type="checkbox"/> Bells	<input type="checkbox"/> Horns

Familiarity:

Did the caller sound familiar? _____

Did the caller appear familiar with the building or area by his/her description of the bomb location? _____

Name of person receiving the call: _____

Telephone number call received at: _____

**IMMEDIATELY AFTER CALLER HANGS UP, CALL 9-1-1 OR LOCAL EMERGENCY
NUMBER AND REPORT TO ADMINISTRATION.**